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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/731,912			ing Date 08/2000	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			HER THAN ALL ENTITY
	FOR	N	UMBER FI	.ED NU	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A		1	N/A	
TO:	FAL CLAIMS CFR 1.16(i))		minus 20 =				X \$ =		OR	x s =	
IND	EPENDENT CLAIM CFR 1.16(h))	1S	minus 3 =				× \$ =		1	x s =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE shee is \$2 addi	ation and drawings exceed 100 or, the application size fee due for small entity) for each sheets or fraction thereof. See a)(1)(G) and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16()))									l		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		l	TOTAL	
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY CLAIMS HIGHEST											
AMENDMENT	05/16/2011	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 36	Minus	·· 41	= 0	1	X \$ =		OR	X \$52=	0
	Independent (37 CFR 1,16(h))	· 4	Minus	4	= 0	1	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))								_		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR	l	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT	A. 1.	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,160))	*	Minus	**	-	1	x \$ =		OR	x \$ -	
	Independent (37 CFR 1 16(h))		Minus	***	-	l	X \$ =		OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))					l	Ь—		l	Ь—	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))								OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	TOTAL ADD'L FEE	
"The entity is column." Is sees that the entity in column 2, when by in column 3. Legal Instrument Examiner: "#The "Highest Mumber Previously Paid For If This SPACE is less than 3, onter 20". "ARREN VESTAU." "If the "Highest Number Previously Paid For I' (Tall or Independent) is the highest number for under it has appropriate box in column 1.											
The "Highest number Previously Paid For (Total or independent) is the highest number revious or in country. This collection of information is required by 37 CER 114. The information is required to obtain or previous or in the property of											

This collection of information is required by 37 CPR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USE) of process) an application. Confidentiality is governed by \$8 USE, 0.12 and 37 OFF 1.16. This collection is estimated to the 21 prunities to complete, including gathering, preparing, and submitting the completed application form to the USEPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the Cheir Information Office. US Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22513-1450, DO NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22513-1450.